



MISSOURI DEPARTMENT OF REVENUE  
**AUTHORIZATION FOR RELEASE OF  
CONFIDENTIAL INFORMATION**

FORM  
**8821**  
(REV. 11-2003)

I, \_\_\_\_\_, authorize and request the Missouri Department of Revenue, to release confidential tax records pertaining to \_\_\_\_\_ for the tax reporting period(s): \_\_\_\_\_

I request these records for:

Tax ID Number

Tax ID Number

- |   |  |
|---|--|
| <input type="checkbox"/> Corporate Franchise Tax _____  | <input type="checkbox"/> Sales/Use Tax _____             |
| <input type="checkbox"/> Corporate Income Tax _____   | <input type="checkbox"/> Motor Fuel Tax _____            |
| <input type="checkbox"/> Employer Withholding Tax _____   | <input type="checkbox"/> Financial Institution Tax _____ |
| <input type="checkbox"/> Individual Income Tax _____<br>(List Social Security Number under Tax I.D. Number) | <input type="checkbox"/> Other _____                     |

The record should be:

- ☐ Made available for use by me or the specified agent on the 3rd Floor, Truman Building, Jefferson City, Missouri.
- ☐ Photocopied and copies forwarded to me at: Street: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
- ☐ Photocopied and copies forwarded to the agent specified below.

**I SPECIFICALLY AUTHORIZE THE FOLLOWING AGENT TO EXAMINE THE ABOVE IDENTIFIED CONFIDENTIAL TAX RECORDS.**

NAME	TITLE	SSN
STREET ADDRESS		PHONE
CITY, STATE, ZIP CODE		

**(COMPLETE THIS SECTION IF REQUESTING CONFIDENTIAL TAX RECORDS  
FOR A BUSINESS, CORPORATION, S CORPORATION, OR PARTNERSHIP)**

I am authorized to sign this document as an officer, partner or owner of the corporation or business. This authorization shall be effective this date and shall expire on \_\_\_\_\_, or until terminated by the undersigned.

For sales tax records only — The Director of Revenue may charge not more than fifty dollars per day for use of facilities within the Division or charge not more than one dollar per page for photocopies of confidential records to defray costs incurred.

The Director of Revenue and Department personnel, are hereby released from any and all liability pursuant to unauthorized disclosures of confidential tax information resulting from release of information under Section 32.057, RSMo or any other applicable confidentiality statute.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS AUTHORIZATION, AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN THE OWNER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH HE HAS ANY KNOWLEDGE.**

OWNER/OFFICER SIGNATURE	DATE	PHONE NUMBER
TITLE	SSN	

**PLEASE SEND COMPLETED FORM TO**

**Corporate Franchise and Corporate Income Tax**  
Missouri Department of Revenue  
Business Tax  
P.O. Box 3365  
Jefferson City, MO 65105-3365

**Individual Income Tax**  
Missouri Department of Revenue  
Personal Tax  
P.O. Box 2200  
Jefferson City, MO 65105-2200

**All Other Taxes**  
Missouri Department of Revenue  
Accounting Services  
P.O. Box 3022  
Jefferson City, MO 65105-3022